U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 5 7.2 /

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

					1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.				4. Name	Name, file number, and address of labor organization.					
Name	Steven	C Le	kitoriaria de la	Name	I.U.E.C. Loca	ıl 132		-mill of delicities have been in the million of the high and the commencer with an emblaced accessory		
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P.O. Box, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any PO Box 243						
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State	Wisconsin		ZIP Code + 4 53527-8844	State	Wisconsin		ZIP Code + 4	53527-0243		
5. Positi	on in labor organization.	hisines	ss Representative							
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Ent	er appropriate data below If.	durina th	ie past fiscal year, you or your spo	use or min	or child directly or inc	lirectly had any	of the following in	staracto		
2110	or appropriate data serow si,	auring a	(except as specified in the excl	usions set f	orth in the instruction	s):	or the following in	itelests		
A. Held	l an interest in, engaged in	n transac	ctions (including loans) with, or se employees your organizat	derived in	come or other econ	omic benefit of	f esent.			
Name and address of Employer (including trade name, if any).				7.a. Nature of Interest, Transaction, or Income.						
Name			19.5 (18.6 (18.6 гр.) до 19.7 гр.) до на боло боло домо за комуру домого и замеждане удина при арти за во робори за ком боло домого на прива во при домого на прина во при домого на прина во п		Miller de Brane in Le Deservición de Refine in Grane existing a retejant, et com a comunicación de la comuni		erenenetralisabeten sund entre anne nemane a materia a qua asserpasso per pe			
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Street		e Baan organização do companizações (gas y	i Wish makinda karmawan meta santani da kara kara kara papa pala pilamenya kara karamakara maka kara kara kara Karan							
City		e ganne en hanne e en gan e popular opp			and the end of the	erzani wa mazingi ini maja ni Maringia ya Maringia kata mana ini mana kata mana mana mana mana mana mana mana m				
State			ZIP Code + 4		Porturange	er vertigen vertigen vertigen in der	t for half money and all the statement and have an experience and the statement and			
			Sign	nature						
subm	itted in this report (including	the inforn	rsigned declares, under penalty of nation contained in any accompan correct, and complete. (See the se	ying docum	ents), has been exam	ined by the sign:	, that all of the inf atory and is, to the	ormation e best of the		
Signe	ed Steven	. <i>C</i> .	Lex	On [8-4-05	608 8	739-488	20		
			<u> </u>		Date		Telephone Numbe	er		
Form LM	-30 (2003)							Page 1 of 2		

Name of Person Filing Steven Lex		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion					
40 ((0))	11.a. Nature of such deali						
10. If 9.b. or 9.c. is checked give trust or employer's name.	Meetings for the Education Program						
Name Natl. elevator Industry Education Program Trade Name, if any: N.E.I.E.P. P.O. Box, Bldg., Room No., if any Street Eleven Larson Way	Neetings for the Maddation Program						
Sileet Fire and	11.b. Approximate dollar valu	e of such dealing.					
City Attleboro Falls	12.a. Nature of interest held		Recognitive participant (early specifical protection protection and advantage of the specifical protection and advantage of the specific participant (early specific participant of the specific parti				
State Maryland ZIP Code + 4 02763-1068	Lodging & meals 1/ Dinner April 13, 2 Dinner Nov. 3, 200	27-1/28 2004 004	\$267 \$29 \$27				
	12.b. Amount.		\$323				
	IZ.D. Amount.		7343				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		*				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street			and delivery of the second				
City			y de provincia de la constante				
			100 (100 a				
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Turning page					

U.S Department of Labor ESA/OLMS, Room N-5616 200 Constitution Avenue, NW Washington, DC 20210-0001



This is inform you that I have already filed a report on 7-25-04 but felt I should file a new report as I became aware of some additional information that I think may apply. I have tried to account for everything but if I recall anything else I may have overlooked I will forward it to you. I am sorry for the confusion and the extra report.

Steven C. Lex 2340 W. Ridge Rd. Cottage Grove, WI 53527-8844

Steven C. Lex